ASSOCIATES IN HEALTH PSYCHOLOGY

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CONSENT FOR EVALUATION AND TREATMENT

I hereby grant permission for Associates in Health Psychology to provide evaluation, assessment, and treatment services as may be deemed necessary or advisable for the diagnosis and/or care.

(a) I understand that all information gathered in the course of my treatment is confidential. However, information may be released in cases when I may threaten to harm myself or someone else, medical emergency, abuse or neglect, court order, insurance billing claims/prior authorization requirements, coordination of care with the medical record, and where otherwise legally required.

(b) I agree to participate in my treatment planning process to the best of my ability. I understand that actively participating in my treatment goals and objectives from therapeutic treatment methods is more likely to result in favorable outcomes. I also understand that specific interventions may result in emotional discomfort through the healing and recovery process.

(c) I understand that I am responsible for the full amount of any reasonable fees/charges assessed to me due to a missed, previously scheduled appointment in which at least 24-hour notification is not received.

(d) I agree to pay any assessed fees for services rendered to me. Such fees, if any, will be based on my financial/fee agreement completed at the time of intake.

Client Rights

Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis; To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities; To receive privacy in treatment and care for personal needs; To review, upon written request the patient's own medical records according to ARS § 12-2293, 12-2294, and 12-2294.01; To receive referral to another health care institution if the outpatient treatment center is not authorized or is unable to provide physical health services or behavioral health services needed by the patient; To participate or have the patient's representative participate in development of, or decisions concerning, treatment; To participate or refuse to participate in research or experimental treatment; and to received assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

Patient Name Printed: _____ Date: _____

Patient Signature: _____ Date: _____

Legal Guardian: _____ Date: _____